

Notice of Appointment – Communications Equipment Insurance Agent

Lic. CV 3 (Rev 12/2002)

Producer Licensing Bureau

320 Capitol Mall

Sacramento, CA 95814

Information (800) 967-9331 Or (916) 322-3555

www.insurance.ca.gov

COMMUNICATIONS EQUIPMENT INSURANCE AGENT**NOTICE OF APPOINTMENT**

To California Insurance Commissioner

Pursuant to CIC Section 1758.62 (a)(2)

Insurer Name: _____

FEIN: _____
Federal Employee Identification Number

NAIC # _____ CA Company # _____

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby appoints the communications equipment vendor named herein to act as its agent and certifies that it has satisfied itself that the named communications equipment vendor is trustworthy and competent to act as its communications equipment insurance agent.

Name of Communications Equipment Vendor _____

Social Security # */ FEIN _____
(* Mandatory per CIC §1666.5)

Effective Date _____

CIC Section 1758.62 (a)(2) requires that an applicant for a communications equipment insurance agent license under this article shall file with the commissioner a certificate by the insurer that is to be named in the communications equipment insurance agent license, stating that the insurer has satisfied itself that the named applicant is trustworthy and competent to act as its insurance agent limited to this purpose and that the insurer will appoint the applicant to act as its agent to transact the kind or kinds of insurance that are permitted by this article, if the communications equipment insurance agent license applied for is issued by the commissioner.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This is executed on the ____ day of _____, ____.

Signature_____
Official Title_____
Date

Signature of insurer or managing agent of insurer: Signature must be that of an officer of the insurer , managing agent, or a person authorized under a Special Power of Attorney on file with the Department.

Name of Insurer or Managing Agent

By: _____

Name and Official Title (printed)

Signature of insurer or managing agent of insurer: Signature must be that of an officer of the insurer , managing agent, or a person authorized under a Special Power of Attorney on file with the Department.